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County: Outagami e COLONY OAKS CARE CENTER 601 BRI ARCLI FF DRI VE APPLETON 54915 Phone: (920) 739-4466

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 91

Total Licensed Bed Capacity (12/31/00): 102

Number of Residents on 12/31/00: 85 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 87

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year	36. 5 44. 7
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	1. 2 37. 6	Under 65 65 - 74	4. 7 9. 4	More Than 4 Years	18. 8
Respite Care	Yes	Mental Illness (Other)	8. 2	75 - 84	47. 1		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	2. 4 0. 0	85 - 94 95 & 0ver	30. 6 8. 2	Full-Time Equivale	********* nt
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	2. 4 2. 4		100. 0	Nursing Staff per 100 R (12/31/00)	esi dents
Other Meals	No	Cardi ovascul ar	17. 6	65 & Over	95. 3		
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	14. 1 10. 6	Sex	%	RNs LPNs	14. 1 6. 4
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	2. 4 1. 2	Mal e	37. 6	Nursing Assistants Aides & Orderlies	38. 9
Mentally Ill	No	ocher medical conditions		Femal e	62. 4	mues a orderires	00.0
Provide Day Programming for Developmentally Disabled	No		100. 0		100. 0		ale ale ale ale ale ale ale ale ale

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manage	ed Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	11	100.0	\$287.43	53	91.4	\$91. 32	0	0. 0	\$0.00	14	100.0	\$129. 29	2	100.0	\$225.36	80	94. 1%
Intermediate				5	8.6	\$76.05	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	5. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		58	100. 0		0	0.0		14	100.0		2	100.0		85	100. 0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of	12/31/00
beachs builting keporeting refrou				9/	Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	8. 4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	8. 4	Bathi ng	9. 4		63. 5	27. 1	85
Other Nursing Homes	2.6	Dressi ng	12. 9		60. 0	27. 1	85
Acute Care Hospitals	78. 6	Transferri ng	38. 8		25. 9	35. 3	85
Psych. HospMR/DD Facilities	0.6	Toilet Use	22. 4		42. 4	35. 3	85
Rehabilitation Hospitals	0.0	Eating	64. 7		20. 0	15. 3	85
Other Locations	1.3	********	*******	******	**********	********	******
Total Number of Admissions	154	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	3. 5	Recei vi ng	Respi ratory Care	11. 8
Private Home/No Home Health	17. 7	Occ/Freg. Incontinent	of Bladder	51.8	Recei vi ng '	Tracheostomy Care	0. 0
Private Home/With Home Health	25.3	Occ/Freq. Incontinent	of Bowel	36. 5	Recei vi ng	Sucti oni ng Č	0. 0
Other Nursing Homes	3. 2	•			Recei vi ng	Ostomy Care	1. 2
Acute Care Hospitals	15. 2	Mobility			Recei vi ng	Tube Feedi ng	2. 4
Psych. HospMR/DD Facilities	1.3	Physically Restrained		3. 5	Recei vi ng	Mechanically Altered Di	ets 35.3
Reĥabilitation Hospitals	0.0				J	ű	
Other Locations	8. 2	Skin Care			Other Reside	nt Characteristics	
Deaths	29. 1	With Pressure Sores		2. 4	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		3. 5	Medi cati ons		
(Including Deaths)	158				Recei vi ng	Psychoactive Drugs	61. 2

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	This Proprietary		100-	199	Ski l	l ed	Al l	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85 . 3	82. 5	1.03	83. 6	1. 02	84. 1	1. 01	84. 5	1. 01
Current Residents from In-County	83. 5	83. 3	1.00	86. 1	0. 97	83. 5	1.00	77. 5	1.08
Admissions from In-County, Still Residing	13. 0	19. 9	0. 65	22. 5	0. 58	22. 9	0. 57	21. 5	0. 60
Admissions/Average Daily Census	177. 0	170. 1	1. 04	144. 6	1. 22	134. 3	1. 32	124. 3	1.42
Discharges/Average Daily Census	181.6	170. 7	1.06	146. 1	1. 24	135. 6	1. 34	126. 1	1.44
Discharges To Private Residence/Average Daily Census	78. 2	70.8	1. 10	56 . 1	1. 39	53. 6	1.46	49. 9	1. 57
Residents Receiving Skilled Care	94. 1	91. 2	1. 03	91. 5	1.03	90. 1	1.04	83. 3	1. 13
Residents Aged 65 and Older	95. 3	93. 7	1. 02	92. 9	1.03	92. 7	1.03	87. 7	1.09
Title 19 (Médicaid) Funded Residents	68. 2	62 . 6	1. 09	63. 9	1.07	63. 5	1. 07	69. 0	0. 99
Private Pay Funded Residents	16. 5	24. 4	0. 67	24. 5	0. 67	27. 0	0.61	22. 6	0. 73
Developmentally Disabled Residents	1. 2	0.8	1. 53	0. 8	1.43	1. 3	0. 94	7. 6	0. 15
Mentally Ill Residents	45. 9	30. 6	1. 50	36. 0	1. 27	37. 3	1. 23	33. 3	1. 38
General Medical Service Residents	1. 2	19. 9	0.06	21. 1	0.06	19. 2	0.06	18. 4	0.06
Impaired ADL (Mean)	49. 4	48. 6	1. 02	50. 5	0. 98	49. 7	0. 99	49. 4	1.00
Psychological Problems	61. 2	47. 2	1. 30	49. 4	1. 24	50. 7	1. 21	50. 1	1. 22
Nursing Care Required (Mean)	7. 1	6. 2	1. 15	6. 2	1.14	6. 4	1. 10	7. 2	0.99